

## MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-008946

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

FILED FEB 28 1962 318

Primary Registration District No.

1003

Registrar's No.

2155

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. Louis</b>		c. CITY OR TOWN <b>ST. Louis</b>	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. ANTHONY HOSP.</b>		d. STREET ADDRESS (If outside, give location) <b>2419 S. 12TH ST.</b>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>LEONARD OLIVER Williams</b>		4. DATE OF DEATH Month Day Year <b>Feb 21, 1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-21-1906</b>
9. AGE (last birthday) <b>56</b>		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shoe Cutter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>KOLMAN Shoe</b>	
11. BIRTHPLACE (City and state or country) <b>ST. Louis</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>George Williams</b>		13b. MOTHER'S MAIDEN NAME <b>Ann Hessler</b>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of serv) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>LEONORA Williams, 2105 WITZKILL</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>multibacterial pneumonia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>left lung</b> DUE TO (c) <b>490x</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>ST. Louis</b>		
20g. COUNTY		20h. STATE	
21. I attended the deceased from <b>Feb 19, 1962</b> to <b>Feb 21, 1962</b> and last saw him alive on <b>Feb 20, 1962</b> Death occurred at <b>6:40 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Harry F. Orthmeier M.D.</b>		22b. ADDRESS <b>2623 Telegraph Rd</b>	
22c. DATE SIGNED <b>2/22/62</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>FEB 23, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>RESURRECTION CEM.</b>	
23d. LOCATION (City, town, or county) <b>ST. Louis Co. Mo</b>		23e. STATE	
24. FUNERAL DIRECTOR <b>Thomas Kutis 2906 Prairie</b>		25. DATE RECD. BY LOCAL REG. <b>FEB 22 1962</b>	
26. REGISTRAR'S SIGNATURE <b>Earl Smith. M.D.</b>			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

Mr. C. H. C. H. C. H.  
2623 Telegraph  
TW 2-3500  
Tel 5 400  
1-3 9th St

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed E. L. Province

Licensed Embalmer No. 3403

P. O. Address 2906 Travis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.